1st Lecture
& 2nd " &c —
on

Elements of
Med. Jurisprudence

W. M. C.

2nd mo 1870, & 1871

6 Lectures were given on this
Subject, and one on Medical Ethics;
So there must have been (with 2 on
Mental Pathology & Therapeutics) 21 on the
Hygiene & Diseases of children.

1. Hygiene of Childhood, 2. Diseases of Children, 3. Mental Pathology & Therapeutics. 4. Medical Jurisprudence, 5. Medical Ethics.

(Subject.)

1. Medical Evidence 2 lectures

2. Proof of Death 1

3. Poisoning — Causal Considerations.

4. Infanticide — 1

(Personal violence, and)

5. Violent Death generally

(wounds — (blood stains) — hanging — drowning — burns ordeal)

(Survivorship, &c)

6. Lunacy in its medico-legal relations 2

(As to confinement as patients, — property questions — & plea after Crime)

Suits for Malpraxis.

Life Insurance.

(Vide Tanner's new edition.

Medical Ethics.

(See Code old ed of Tanner)

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Elements of Medical Jurisprudence.

Definition; the Science of the relations of Medicine & law; of the knowledge which the study & practice of Surgery, medicine obstetrics, with the collateral branches, contributes toward legal science & practice; and of the duties and responsibilities connected with such knowledge.

Importance, in 3 aspects —

1. Cause of justice in the particular case in hand, justice both private & public —
2. The physician's own reputation
3. The character of the profession represented. —

Perfect Knowledge of Med. Jurisp. would need more than cyclopedic erudition, in all the branches, law included. Required, a fair knowledge; some of which constitutes a special study — not included in general medicine. Yet much neglected, almost altogether — & in Med. Colleges, in this country, to serious disadvantage, in emergencies — & often which many times cannot be avoided or escaped from.

My early Hosp. experience

Books — Taylor's Manual & Principles — Wharton & Stille's — Guy's Forensic Med. — (Beck, Ray, Smith &c) Casper — Toxicology, many of its facts are taught with Chemistry; — a large subject.

Reese's book (Text book out)

Other Topics of Med. Jurisp. are —

Death from unknown possibly criminal causes, (Coroner's inquest) — ? natural death or accident? or as by violence — homicide or suicide — if killed, how & by whom? When — that is how long before inspection — Legitimacy — Infanticide — Survivorship — personal violence other than homicidal — Insanity in its legal relations — Malingering — Life Insurance.

Medical Evidence

Diff. between ordinary & professional or skilled witness.

Skilled — 1. facts — 2. Opinions.

As to facts, sometimes skilled discernment of them; as in ex. dead body, to find post m. evidence of poisoning — in toxicol. analysis, to detect poison in liquids found in or near the body of one dead.

Important to separate facts from opinions, in ones mind, in giving evidence.

The facts to be made out in view of legal inquiries are peculiar, as compared with those of ordinary medical observation.

Suppose, for instance, a physician to be called, as I was once, to a family several of whose members were suddenly taken ill. As a physician, — he inquires & ascertains what are their symptoms, — what malady these shew, and what is to be done to relieve & restore them. In the example of the case I refer to, the symptoms were much like those of cholera morbus — severe vom. & purging, with, in one or two of the patients, — nervous tremors approaching convulsions. To make a diagnosis, it is true, the cause of these symptoms must be inquired into; but if this can be inferred, so as to guide the treatment, that

PHILADELPHIA
MEDICAL TIMES.
A WEEKLY JOURNAL OF
MEDICAL AND SURGICAL SCIENCE.

The Philadelphia Medical Times is an independent journal, devoted to no ends or interests whatever but those common to all who cultivate the science of medicine. Its columns are open to all those who wish to express their views on any subject coming within its legitimate sphere.

We invite contributions, reports of cases, notes and queries, medical news, and whatever may tend to increase the value of our pages.

All communications must bear the name of the sender (whether the name is to be published or not), and should be addressed to Editor Philadelphia Medical Times, care of the Publishers.

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SATURDAY, APRIL 24, 1875.

EDITORIAL.

THE MEETING-PLACE OF THE AMERICAN MEDICAL ASSOCIATION IN 1876.

AS is well known, the medical profession of Philadelphia, through some of its most representative men, partially invited the American Medical Association to meet at this place next year. This, under the circumstances, is so eminently proper that we believe it has been acquiesced in generally, and, if we are not misinformed, throughout the country the members of our profession look forward towards visiting Philadelphia during the Centennial. Since last year, however, the idea of a Centennial Congress has ripened into the action of which we take note in another column, and, if Dame Rumor be not a liar, it is intended, by some of those who are supposed to be especially powerful in this city and in the American Medical Association, to sacrifice the latter to the supposed interests of its foreign sister. Confirmation of this rumor is furnished by the fact that neither of our learned societies has as yet taken any official action in regard to inviting the American Medical Association here.

Since the Association has refused to recognize the College of Physicians,—the society to which of all others it owed its origin,—it is not to be wondered at that the College observes a dignified silence; but it is astonishing that the County Medical Society has not ere this passed a formal resolution of invitation. To our thinking, it is already committed to such action, and if it does not go on in the work it will stultify itself and the profession of Philadelphia before the country.

It is not necessary here to repeat the very obvious reasons there are for holding the meeting of the Association in this city in 1876. Our readers are neither blind nor foolish. It may be worth while to say a few words in regard to the reasons probably assigned by those who are said to be planning to get New York appointed as the place of session.

In the first place, it is affirmed that the regular meeting-time of the Association is such that our whole city will be in 1876 just then swallowed up in the confusion and tumult incident upon the opening of the Centennial. This is readily met by altering the time of meeting to June or some other month.

In the second place, it is stated that it will not do to have two associations meet here at one time. Of course not; but is there not more than one week in the year?

Again, it is objected that delegates will not come twice to the same city, and that at any rate the city will all summer long be so crowded as greatly to inconvenience both visitors and hosts. Of course our city will be crowded; but it is to be hoped our hospitality will be sufficiently elastic to embrace all who come, and we have no doubt that, if no other shelter offers, the profession in their private homes can afford sufficient protection from the storms of midsummer.

There is, of course, some force in the obvious difficulties in the way of meeting; but, not to occupy too much space with this discussion of the matter, it appears to us that all these difficulties would be avoided by leaving the time of meeting for 1876 to be fixed and announced by a local committee, it being understood that they should so arrange that the sessions of the American Medical Association should terminate on a Friday or Saturday and those of the Centennial Congress should commence on the subsequent Monday. No one will be able to exhaust the great exhibition in the afternoons of a single week, and delegates to the first association could readily hold over for the second.

ALMOST A MURDER.

THERE has recently happened in Scotland a curious case of suspected murder, involving such nice points in medical jurisprudence, and illustrating so forcibly the necessity and value of trained experts, as to justify a sketch of it in this place. As the result of such a transaction in this country, where physicians are so often selected by the gov-

ernment because they know nothing about what they are called to investigate, the innocent victim of circumstances would very probably have been hung, or at best involved in an anxious trial, with, likely enough, professional episodes as disgraceful as those which so often adorn our important criminal court proceedings.

A lad, whilst passing along a street in Edinburgh, about one A.M., September 24, 1874, stumbled over the still warm, half-naked body of a man, lying with extended arms across the footpath. The police, being summoned, found that the man had evidently fallen or been thrown from a still open window in a third story. Entering the house, they ascended to the room, and, striking a light, found a second man in the bed, wrapped in the bed-clothes, and, as they thought, feigning sleep. The landlady of the house had already informed them that two men occupied the room together; that one of them, named Stoddart, had been in Australia, and had subsequently become insane, and that the two had quarrelled seriously a day or two before. On shaking Stoddart, he awoke, and denied any knowledge of the whereabouts of his comrade, stating that they had made up their disagreement, and had both gone to sleep sober the night previous.

The pillow of the bed was spotted with blood. The hands of Stoddart seemed damp, as though recently washed, and on one of them were an abrasion and some spots of blood. From the bed to the window was a continuous line of spots, gouts, and pools of blood, and lying in one of the latter was a case-knife covered with blood. The police, believing that Stoddart had either thrown his companion from the window or had attacked him so violently that he had leaped from the window, arrested him, and locked up the room.

Dr. Joseph Bell, who, in the absence of the official medical officer, Dr. H. D. Littlejohn, was first called to the case, decided against the theory of murder, because he believed that the peculiar spotting of the bed-clothes was such as could only have been produced by the spray of a sudden violent cough or sneeze. There were several wounds on the head, but these he decided to be not cuts with a knife, but lacerations due to the fall. He thought that the deceased had been seized with a hemorrhage from an aneurism or from a phthisical lung, awakened with the violent cough of strangulation, rushed to the window, and inadvertently leaned out too far.

The police did not accord in opinion with Dr. Bell, but Dr. Littlejohn, on inspecting the apartment, came to the same decision as the first professional expert. Taking advantage of a fact previously noted, that spots of blood not visible by daylight become apparent by candle-light, he was enabled to determine that a spray of blood had been thrown upon the wall-paper as well as upon the bed. At the autopsy, the chest, abdomen, windpipe, throat, cervical spine, and cranium were successively examined, but nothing found that could in any way be considered as having been before the fall a source of hemorrhage into the air-passages. Instead of giving the matter up, the physicians finally removed the upper maxillæ, when it was found that the left middle turbinated bone had its mucous membrane ruptured in two places about the size of millet-seeds; in these openings there were minute coagula. As it was ascertained from the relatives of the deceased that he was subject to violent epistaxis, and as a neighbor was finally found who, looking out of the opposite window, saw the man flash past and heard the yell and the heavy thud on the pavement, and who was absolutely certain that there was no noise or struggle in the room, to which her attention was drawn by the open window, the police were finally satisfied, and the prisoner was discharged, fairly freed by expert skill from a most embarrassing position.

PROCEEDINGS OF SOCIETIES.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

AT a conversational meeting, held Wednesday, February 10, 1875, at 8 o'clock, P.M.,

VICE-PRESIDENT, Dr. EDWARD WALLACE, in the chair,

Dr. W. T. TAYLOR presented the following history of a case of obstruction of the bowel:

"On Thursday morning, February 4, 1875, about two o'clock, I was called to see P. R., a German, aged 71 years, who was suffering with pain in the bowels, in the left iliac region, attended with some sickness of the stomach. For a year past he had been occasionally affected with bilious colic, followed by jaundice, so that I thought the present attack was similar, and gave him an emetic to empty the stomach, followed by an anodyne carminative.

"On making my morning visit, I found that the vomiting had continued at intervals, and that he had ejected a considerable quantity of a greenish liquid of an intensely bitter taste, but the pain had not abated. The anodyne was continued, and lime-water, with milk-punch, administered, together with a purgative containing blue mass, podophyllin, ext. hyoscyam., and ext. colocyn. comp. I also applied a sinapism to the abdomen. He had some fever, a furred tongue, and a full pulse.

"As the purgative had not operated during the afternoon, I gave an injection of castor oil and molasses with warm water, followed by large injections of warm water and soap, but they came away with very little fecal matter. As the soreness had not subsided in the left iliac region, one dozen leeches were applied, and the abdomen covered with a warm mush-poultice; he also took one grain of blue mass and one-half grain of opium every two hours. The pain diminished somewhat during the night, but the sickness and vomiting

is all that for the practitioner, as such, is needed. But, suppose further, what happily did not take place in my mentioned example — that death follows, — the cause being (as in that family) it was, if the symptoms not fatal) poison. The physician would then, as such, have only the pain of disappointment & sympathy — and the duty & professional science of making, if allowed an autopsic examination. But, what will the Law then ask — and oblige him to testify? 1. Precisely what were the symptoms, & the time and order of their occurrence, and all particulars of the treatment. 2. What cause do those symptoms point to — 3. Was there or was there not equally possible some other and natural cause of death; i.e — suppose poison to have been given; must it have been the cause of death — or may not the patient have died of something else? 4. What other evidence of poisoning is there — in the morbid appearances of organs after death — in the

discovery by chemical means of poisonous materials in the body — or of the same in food or other things near to it? 5, What facts are there, if poisoning be inferred, suggesting or proving how or by whom the poison was administered or taken? In the case of the family I have mentioned, arsenic was found in the flour from which the family bread had just been baked, and of which they all, 4 or 5 persons, had eaten.

Now, if the physician, in case of fatal results so occurring under his eye, has never had before his mind the occasion for such questions — he is unprepared for them. Medical obs. & medico-legal observ. the are two different things — although at any time one may have to add the one, unexpectedly, to the other. In the more difficult & delicate medico-legal inquiries, as those connected with the detection of poisons, the diagnosis of insanity

(5

in criminals (& some others) it is getting,* very properly, more common (though not as systematically as it ought to be) to use the special skill of experts — trained to each kind of examination by particular study. But quite often this is impossible — the ordinary practitioner must, in the midst of his or her daily business obtain, record & testify to facts, the estimation & proper account of which involve a line of thought & knowledge other than that of practice alone. Hence it is not well for any physician to neglect this study, beforehand.

* E.g. Wharton case, Baltimore, 1871-2.

* Am. Med. Association 1872. My resolution (Ordonnance, in part)

Lawyers — acute — & as law & justice are not at all always the same thing, they pick flaws actively — especially about evidence. A doctor in the witness box — "green-box" nothing to it.

[Dr. Warren & lawyer S[illegible] in Wharton case: "doctors ought to make no mistakes." "As competent to avoid them as lawyers." "But doctors' mistakes may put 6 ft. under ground." "And lawyers' mistakes may cause them to be hung upon a tree."]

Habits of close & accurate observation always important. Their acquisition

Should be made a necessary part of
the training of the physician, from the
first beginning ~~of~~ study through to the last
of ~~the~~ practice. In a case of poi-
-soning, or of death from any quite unknown cause
the physician should notice, and
take at once clear and full notes of
everything; not only what happens to
the patient, but around and near
him. Any omission may prove sufficient
to defeat the procedures of justice, no matter
how trivial it may have seemed in
itself. The omission of a proper autopsy in the Schoeffe case of
1869-70, & the non-production of antimony in the Wharton case, e.g.

Dying declaration, e.g., of one killed
by violence. - (The rules, & reasons, &
exceptions) Note his exact condition, &c.

(Particeps criminis — husband or wife, &c —
Identical language — don't lead it out —
Get it written & signed when possible, by declarant.

Dying Declaration:

Note (in case possibly for court) exact condition of the person. He must be under strong conviction that he is about to die. Then, not invalidated even though he should recover. This conviction must be shown by his expressions — made note of. In death by violence or poison, it is well to call a magistrate to record & attest the dying statements. The very words (not their mere meaning or inference) must be recorded, in any case, at the time. Neither must the Medical witness call out particulars.

Suppose a physician to be called either before or just after the death of a person dying from wounds or poisoning, Write Author- ities give all of the following items to be noted by him for testimony.

1. Exact time of death — (& previous circumst? Inquire — & how long after this the inspection is made.
2. Position — attitude — general condition of body.
3. State of clothing — bedding — carpet &c.
4. All surrounding objects. Especially any bottles, papers, weapons, powders or spilled liquids are to be collected Kept, & then respective position when found noted.
5. Matters vomited, to be collected & kept.
6. In autopsy, look first at exterior of body; livid (face especially) or pale? Warm, or cold? Rigid, or not? As to rigidity, observe whether it is clothed or uncovered, fat or thin, young or old; as these circumstances affect its time of occurrence & duration.
7. Appearance of countenance; placed, or distorted as by strife or alarm &c.
8. Marks of violence — on body & dress — blood spots —
9. Internally, — examine & note state of stomach & intestines —

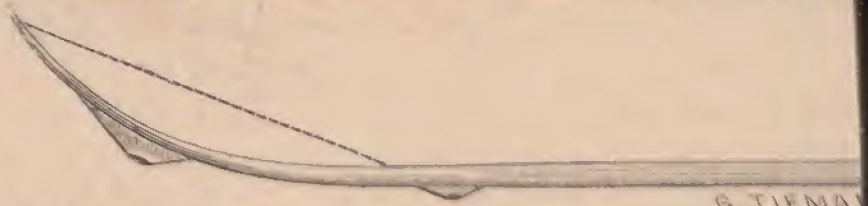
Remove stomach, ligating both ends. Cut open on a clean dish;- keep contents, apart- Observe if inflamed — & what part — exact appearance — Collect contents, if possible, in clean graduated vessel — Notice - quantity — odor (several persons) color — reaction — presence of mucus, blood or bile — of undigested food — (farinaceous by iodine — fat by ether) Duodenum, contents separate. Other intestines also — contents observed as last — & noted — & condition — Undigested feces? —

10. Ex. state of fauces, windpipe, pharynx, oesophagus (corrosives, &c or mechan. obstr.) 11. Ex. lungs, heart, brain, Spinal marrow — for signs of Natural disease capable of accounting for death —

12 Liver & gall bladder, & urinary bladder & contents — each in separate jars. —

Remember, it may have to be shown, not only that poison was probably or certainly present, but that the person did not die from any natural disease. Sudden death (natural) comes from heart, lungs or brain; they must be carefully ex.

DEATH FROM CHLORAL.—Another death from an overdose of CHLORAL is reported in the *Medical Press and Circular* (January 19). The patient was a lady, who took of a patented preparation a quantity which was ascertained to contain one hundred and twenty-five grains of the drug.


G. TIEMA

Somet. exhumation, some time after death; even after decomp. Then (Dr Schoppe case, 13 days after death.)
Chas. I? & Nap. I (especially Cromwell's head) keep (Coffin be) & ox. stomach with duod, hyated, - & liver & spleen.
Body must be identified by intimate.
Seal up viscera at once, without contact with metal, or anything except clean glass, or china or wood.
Don't wash with chlorine, or put in alcohol. Keep in clean glass-vessels, corked, & covered with skin, bladder or shaat-india rubber. (chloroform?)

Identity of substances must be kept beyond reach of cavil. In clean vessels always
under your lock & key or seal.
Label each thing at once, with date.

Pedlar in a "grocers jar" has defeated testimony — & so wrapped chlorid or in paper (arsenical green or yellow colored) wall or even wrapper P.

Results of analyses best kept in hermetically sealed tubes.

Notes needed, for lapse of time. At time, or very soon after. Dr. Aiken omitted this, in part at least, in Wharton case.

Used in testimony, but not depended on apart from memory; avoid erasures.

Medico-legal reports should be concise, exact, with dates & all items, & in language intelligible to Unprofessionals & without comments, - but with conclusions, if clear. Answer especially these questions: What was the Cause of death?

What proves this? Why [redacted]
not from natural causes? In
these statements, give Medical facts in medico-
legal report — unless "moral" evid
have been asked for. And, only
own facts, not second hand or hear-
-say. Also, facts, not conjectures
or probabilities. Avoid especially
exaggs., & as far as possible even
comparatives epithets — & technical
terms — as medico legal Reports
go to [redacted] medical persons. A
learned judge has been known to ask
a Medical witness what was the "ali
-mentary canal."

A Report of a chemical analysis, in case of suspected poisoning, — will require the following items of material

1. When was the material received —
2. Of whom, & how?
3. In what state — secured or exposed?
4. Quantity of it, exactly.
5. Where & how kept till analysed?
6. Where & when the analysis?
7. Alone, or, not, who was with you?
8. Physical characters of the material.
9. Processes & tests (in outline) used in analysing it & results.
10. If a poison what is it? pure, or mixed?
11. How strong or dilute?
12. Quantity of it found?

13. ~~[illegible]~~ Might not the alleged poisonous material be (if in small quantity) naturally in the body? E.g., Sulphocyanogen in Saliva, not from prussic acid.

14. Might it not have been given as a medicine? Fowler's Sol., e.g., arsenical, or antimonial wine, or Cox's Hive Syrup.

15. Might it not have been introduced during the analysis? Or by injection to preserve the body? Or by contact of smithy while the body or parts of it were kept?

16. How much of the ~~discovered~~ poison would be necessarily fatal?

Inquiry for a coroner's inquest ought to be as sedulously carried out by a Physician engaged as if for a Court — because the issue of such a trial may be predetermined by the results of the inquest.

14) In Philada., it is now usual for such inquiries to be conducted by a professional man chosen by the Coroner for the purpose, on the ground of some special fitness & experience; and, if the choice be a good one, this has decided advantages.

I understand the principle of common law to be, that whether or not any Physician shall appear in court to give a scientific opinion upon medical facts not coming otherwise necessarily before him, is at his choice or option. But, when the facts of

a criminal case have directly come under his knowledge in the course of his business — he cannot refuse to be a witness — & then his profes-sional preparation makes of him necessarily a skilled witness: he is summoned under a subpoena to testify.

In English law practice a special fee is due always to a skilled witness. In certain cases at least, under the laws and practice of Pennsylvania, experts charge fair fees, according to the time, labor and skill required, for autopsies & chemical analyses in capital cases. But it might prove

16 inconvenient, & risking
~~loss~~ loss by damages,
even if not a legal fine for
refusing to obey a summons Subpoena,
for a physician to decline to
give a professional opinion,
even on facts not before a other-
-wise known to him except as they
are presented in Court → Statement

The distinction between what is
matter of fact and what is matter
of opinion is, in legal affairs,
always important, and mostly easy
to draw; but sometimes they are
connected, or merge into each other. X

THE McFARLAND INSANITY—CARD FROM DR. HAMMOND.

To the Editor of The Tribune.

SIR: In reply to your interrogatory in to-day's TRIBUNE of "Is it true that Dr. William A. Hammond, once Surgeon-General of the United States Army, was engaged for a fee of $1,500 to give the testimony that was lately reported from him in the McFarland case?" I have to state that it is not true.

It *is* true that I was called upon by one of the counsel for the accused more than a month before the trial, and requested to examine the briefs of the evidence that would be adduced, to answer certain questions which had been prepared, and to give my opinion upon the specific point of insanity. I declined to consider the case unless I could also examine the prisoner, and thus have the opportunity of basing my opinion in part upon his physical and mental condition.

I made seven examinations of him in the Tombs prison, had twenty-five long conferences with his counsel, several with the medical witnesses to facts, and devoted a great many hours to studying the points of the case, consulting authorities, and writing a full and elaborate opinion. The visits made and received, and time and labor employed, if with ordinary patients, would have yielded me a much larger compensation than were my fees in the case. When I had concluded, I rendered my account, and was urged by the counsel—who knew the extent of my labor—to make it larger than I did. I would have charged and received just as much if my opinion had been adverse, and I make that condition in every medico-legal case with which I have anything to do.

As it was, my opinion differed in several respects from that held by counsel, and I declared emphatically from the first, that if there was no circumstances anterior and subsequent to the homicide indicating insanity in the prisoner, my opinion would be against him, as I did not believe in the doctrine of temporary insanity as laid down in the Cole case. How far these circumstances were present can be answered not only from the testimony, but from the statements of his wife and Mr. Richardson. In receiving fees as an expert, I am not aware that I have done anything unusual. Every other medical expert in the case was paid in accordance with the time employed, and I presume my friend the District-Attorney agreed to compensate his expert in the McFarland case as he did those he employed in the Reynolds case, and as the District-Attorney of Kings County did those he called in the Chambers case. Every lawyer knows that such is the custom, and that the fees vary with the reputation of the expert for scientific knowledge and the time and labor bestowed upon the case.

As for myself, I do not wish to be engaged in medico-legal cases. The fees received are rarely, if ever, as remunerative to me as is my private practice, and many cases do not pay at all. But while I hold it to be my duty as a good citizen to testify at any sacrifice to *facts*, my opinions are my own, and I will not give them unless I please without a remuneration in some degree commensurate with the time and labor spent in their elaboration. Courts both in this country and in Europe have over and over again sustained this view. The system which at present prevails of each side paying its own experts, may not be the best. I am inclined to think it is not. I did not create it, however, and am not responsible for its continuance.

In conclusion, if you or any one of your editorial staff will call at my office any day between 9 a. m. and 1 p. m., I will engage to convince him, by allowing him to examine my books, that my fees in the McFarland case (which did not amount to a sum at all approaching $1,500) were not only not exorbitant, but were not what I am in the habit of receiving from private patients for a corresponding amount of time and labor. I am, very respectfully, your ob'd. serv't,

WILLIAM A. HAMMOND.

No. 162 *West Thirty-fourth-st., New-York,* May 23, 1870.

And sprinkled with ashes, to make the land sweet,
With lime and some bone-dust to fatten the wheat.
The next, in rotation, a crop of red clover:
When blossoms are fragrant, then let the plow cover.

A six-years' rotation now beareth the sway,
And showeth the tiller a progressive way:
A six-years' rotation will cattle increase;
Will multiply bushels and debtors release.

A six-years' rotation, when fairly begun,
Will harvest two bushels where now groweth one.
In a six-years' rotation, as all will agree,
Two years' yield of clover is better than three.

When poor soil needs succor, to keep the land clean,
Grow clover and sowed corn to turn under green:
But where fertile muck and light soils abound,
Arrange the rotation as suiteth the ground.

AGRICULTURAL.

AMERICAN INSTITUTE FARMERS' CLUB.

Session of May 24, 1870.—N. C. Ely, Chairman; Jno. W. Chambers, Secretary.

Some who are always with us in cool weather are now hard at work—for instance, F. M. Hexamer, in his potato fields, where he has more than 200 sorts, and P. T. Quinn dressing that pear orchard of his that gives better returns than any other in the country. We ask of our correspondents, whose favors are ever welcome, to time their letters and suit the season. For instance, this is not so proper a month as November for talk of steaming boxes and boiled potatoes. We would know of the readers of this report their views on early or late cut hay, on the time for getting the cutter bar into the wheat field, how the best butter is made in hot weather, how to keep cows from falling off when the dog star rages, how to manage work-horses so as to keep them in flesh all Summer, and the best way of getting large framed hogs before the corn hardens.

THE LOCUST FOR ROCKY GROUND.—D. Turner, Connellsville, Pa.: In many rock-bound neighborhoods this variety of tree can be grown with great profit upon land almost worthless for other purposes. He has found, in fact, that gravelly or stony knolls and hillsides are most suitable, and that locusts do best in a thick growth of their own or of other timber, because this has a tendency to make length. As to lack of hardiness, there is no fear of that, and when the locust is in thick groves the borer does not so infest it.

FATTENING A POOR MILKER.—Enos Burt of Lawrence, N. Y., has "a most valuable new milch cow" which two years ago gave only a pint of milk daily for five weeks. Last season she was all right, but the present Spring she refuses to supply any of the lacteal fluid. She is eight years old, healthy, and fleshy. What is the matter, and what shall be done?

I.P. Trimble—I should think he had had that particular cow long enough to have learned that he could n't do a better thing than to prepare her for the shambles.

SHALL THE BIRDS BE SHOT OR FED?—S. P. Mer-

(Beginning of 2nd Lecture, 1870.)

Suppose a medical witness, then, to be obliged to appear in Court, in an important Criminal Case, involving the life of a human being.

What he or she is to do — & what not to do, it is well to consider deliberately beforehand. Be as well prepared as possible for each case. In reference to facts, like other witness, he is to give plain, brief & simple answers to all questions put by counsel. —

What is not to be done is, to volunteer statements not asked for, or any comments or conclusions not demanded, on the merits of the case. Sometimes, may ask (of the Court) to add important facts.

Dr. Reese was ex. 10 hrs in Webster case; across &c.

18) Begin 2nd Lecture, 1871.
Continuing the subject of medical evidence.

Professional Secrets — XO

(N.Y. & Missouri allow witholding)

Always request allowance to decline &c — but the general principle of law seems to be that when the interests of justice require it all questions must be answered except those (Congress would think not properly any more severed which would incriminate oneself. Public justice is above private interest or choice.

An analogous question is that of how to deal with the case (of fraud to suppose but what has happened) of poisoning by a physician, suspected by another physician attending with him upon the same case. Etiquette? No! But caution

not to do harm by hasty proceeds
on unfounded suspicion, if
positive, generally tell the patient.
Such a case on record:— both of the
omission, with fatal end, — the
precaution, with cessation of
symptoms. 2nd Wharton case, 1872-3

Physicians must, again, take care of
their own lives ② & reputations ①
with (Dying patients) under their care.

Dr Schoppe's case —
general history of it —
as a good & instructive example —
also Wharton case, Baltimore, 1871-2.

20) In giv'g evidence before court, —

1. Examination in chief, & without leading questions! —

2. Cross-examination, — with the most leading questions &c

& then sometimes 3. Re-examination (re-direct)

~~or most safely~~ a to rebut cross-exam.;

~~The most important~~ precept is,

Be simple, straightforward, — cool, and patient —

"Least said, soonest mended" —

The Judge must, or at least should, protect from extreme outrage by the lawyer —

When an opinion is to be given express-ly, — study up the case well before-hand — but use the knowledge possessed only as demanded — don't obtrude it, even when relevant — of course not otherwise.

PHILADELPHIA
MEDICAL TIMES.

PHILADELPHIA, NOVEMBER 13, 1875.

EDITORIAL.

PROFESSIONAL SECRETS.

THE case of Dr. Linton has already been fully detailed in the columns of this journal, but, as a very serious principle is involved, it seems right that further notice should be taken of it. Our readers will remember that the doctor, having been called to a woman suffering from abortion, attended without asking questions, but, two days after the miscarriage, was told by some neighbor that Mrs. —— had had an operation performed on her. The fœtus was removed by Dr. Linton, and preserved in alcohol. Without detailing again the unnecessary and unjustifiable indignities that were heaped upon Dr. Linton for not reporting this case to the authorities, it suffices to state that at present he is under bail to appear for misprision of felony, because he, "knowing a crime had been committed, had failed to notify the authorities," and because "he had destroyed evidence by removing the fœtus." The last plea of the assistant district attorney is childish. No one but a pettifogging lawyer could perceive that preventing a fœtus from being thrown out with the clots into the cesspool and preserving it in alcohol was destroying evidence. Owing to this "destruction of evidence," the *corpus delicti*, which in the ordinary course of events would have disappeared from the face of the earth, is now in good spirits, as, we presume, is also the magistrate in whose keeping it is.

His Honor Judge Briggs, before whom the case was brought by a writ of habeas corpus, decided against the prisoner, who was remanded for trial.

It is evident that Dr. Linton has in this instance acted precisely as any other physician would have done, and that the question involved is whether it be the duty of a physician in the course of his practice to appeal to the authorities because he has had reason to suspect the commission of a crime. Underlying this question is another one: Is it the duty of the physician to betray professional secrets upon the witness-stand? In New York there is a provision of law "that no person duly authorized to practise physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in a professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon." The French Codex is even more imperative, making the disclosure of these professional secrets a penal offence, punishable with fine and imprisonment.

In the absence of any especial statute, probably the English law or custom would control our Pennsylvania courts. In England the decisions appear to be that the medical witness upon the stand is required to answer such questions as may be put to him, but not to volunteer any statements.

Justice and legality are very different things, but we have not to-day space to discuss the very wide question as to whether the English or the French law in this regard is the correct one. It seems, however, clear that if any physician is determined not to reveal professional secrets in this commonwealth, he must make up his mind to suffer for what he believes to be the right.

Essentially diverse from the point just discussed is that involved in the decision of Judge Briggs. The practice or study of law not being the profession of the editor of the *Times*, it appears somewhat presumptuous to discuss the question; but it seems to be a common-sense inference from the English law that a doctor should not be expected to inform on his patients. If

he be not allowed to volunteer testimony when on the stand in a criminal prosecution, much less should he be expected to volunteer the testimony to originate the prosecution. Whatever may be the law, there can be, in our opinion, no doubt as to what is the right. Rome holds inviolate the secrets wrung out at the confessional by the fear of eternal punishment, and has forced the law to recognize this secrecy; and the medical profession can certainly put down any attempt to make it atone for the serious defects of our detective police. The legal or judicial profession simply stultifies itself when it asks that the medical profession should betray the secrets brought forth by mortal peril, although it itself upholds and acts upon the theorem that the greatest villains ought to be defended in every possible way, even to taking advantage of the veriest quibbles concerning technicalities. As well ask a lawyer to reveal upon the witness-stand the secrets of his client, as to demand betrayal by the medical attendant. Yet Judge Briggs would punish as a criminal the doctor who does not volunteer such betrayal.

The life of a physician who should comply with the decision of our learned judge would not be an enviable one. The notes of his day's work might read somewhat as follows: "Mrs. S., aborted yesterday; inquire into circumstances, and report to police. Mr. J., with a chancre; to be reported for adultery. Miss S., confined; report to police, that her companion may be arrested. Mr. T., called with cut head; case of assault for police. Mr. D., debauch; case of drunkenness for central," etc., etc.

The thing is too preposterous to need discussion; and we are very glad that the Philadelphia County Medical Society passed a resolution authorizing their committee to employ counsel and to resist to the utmost this attempt to degrade the physician to the position of a spy and informer.

WHILST only the prospect of preventing a homicide or similar crime of magnitude about to be committed can ever justify a physician going to the police with knowledge acquired in the pursuit of professional duties, it is plainly not the duty of the doctor to cover up crime. Nothing should induce him to lend himself to such a procedure. In suspected homicide he should refuse to fill up the death-certificate, and, perhaps, notify the coroner; but here his duty ends. It is the province of the police to attend to the matter after this.

WE desire to call the attention of the editors of the *Boston Medical and Surgical Journal* to the fact that the *Medical Times and Gazette* and the *Philadelphia Medical Times* are different periodicals. We would be pleased to have them remember this in accrediting extracts. In a late issue (No. 17), on one page we appear as the *Medical Times and Gazette*, on the next page as the *Medical Times*.

THE system of preliminary examinations is now fairly established in the Medical Department of Michigan University. Out of one hundred and thirty-five applicants the present session, twelve were rejected.

LEADING ARTICLES.

THE CHOLERA EPIDEMIC OF 1873.*

BY joint resolution of Congress, adopted March 25, 1874, it was ordered that a medical officer of the army, in connection with the supervising surgeon of the Marine Hospital service, should ascertain the facts concerning the spread and mode of propagation of cholera as it occurred

* The Cholera Epidemic of 1873 in the United States.
(1) Introduction of Epidemic Cholera through the Agency of the Mercantile Marine,—Suggestions of Measures of Prevention. By J. M. Woodworth, M.D., Supervising Surgeon U.S. (Merchant) Marine Hospital Service.
(2) Reports prepared under the direction of the Surgeon-General of the Army. *a*. History of the Cholera Epidemic of 1873 in the United States. By Ely McClellan, M D., Assistant-Surgeon U.S.A. *b*. History of the Travels of Asiatic Cholera. By John C. Peters, M.D., of New York City, and Ely McClellan, M.D., Assistant-Surgeon U.S.A. *c*. Bibliography of Cholera. By John S. Billings, M.D., Assistant-Surgeon U.S.A. Washington, Government Printing-Office, 1875.

Cross-ex. shows either — the strength of the lawyer & weakness of the witness — or failure of the lawyer & strength of the case. (2)

Dr. Cross-ex. — leading qu. —

witness for pros. or for defend. — ? Facts & true opinions. Witness of the truth. So I would reply if asked beforehand to appear as a witness.

Counsel in cross-ex. treats witness, frequently who seems favorable to the other side, as enemy; often mercilessly; — & craftily, for use with jury.

Jury trials: — an advance upon mediaeval ordeals, — but now behind the progress of our age. The need a jury of judges; and even then will not have certainty or infallibility.

also, commissions of experts all through poisoning & insanity cases.

Adversary plan — pl. / def. / court / expert, a court to try sci. cases.

Cross-ex. tests accuracy of memory & definiteness of statement, &, in skilled witness, the grounds of his opinion. Usually his

2) Qualifications, experience, skill & knowledge, or opportunities for such, are inquired into. Important witnesses only are very likely to be cross-qu.

Witness must not be biased by thought of consequences of testimony. Naturally included so, &c, in cases of cap. punishment.

Witness don't make or carry out the laws.

Medical witness is advised not to cite authorities of his own accord. He may be asked to do so. Quotations from scient. books may be read to him, & his assent or dissent asked for; also his account of the standing of the author.

Cross-examiners sometimes try to take advantage of a witness, as by reading part of a sentence &c.

As necessity knows no law, so law (in pleading) often knows no necessity [illegible]

Witness may generally choose whether or not to continue in attendance during the whole trial of the case. For information, it may sometimes be important to form a skilled opinion.

Misrepresentation by counsel of what a witness has said, may be made for fraudulent purpose. Should this occur while the witness is under ex., he should ask permission of the judge to rectify it. If it

34/ happen at any other time, it is the
duty of the judge to correct it — but,
if this be overlooked, I do not know
that there is any remedy which
the witness can apply; unless privately,
this sort "friend at court", acting on the judge or judges.
Intimidation is sometimes tried.

Simple adherence to the known truth
without any addition whatever
under all circumstances is the rule and
how to meet this.

If not sure of the fit answer
to a question asked, say that you are
not able to answer it positively.
Then if a probable or qualified view be demanded,
you may give it as such.

In answering qu., by counsel

for one side or the other, the

witness should, as intimated already, make no difference

in manner or matter. In either case, he is

simply to state the truth. The lawyers

are of different purposes. By the theory

of the law, the attorney or legal officer

is bound to discover the truth about

the case & maintain the cause of justice

against the accused. Counsel for defendant

undertakes to support his cause

& accordg to usage, bad as it is, very bad sometimes,

unscrupulously. he often does it

When a question given allows of the answer

"yes" or "no" — add nothg. Don't

reply to qu. expected but not given. And do

Must not get into an argument with the Counsel, nor give a discourse on the case. All such may be reserved when the Cross-ex. comes. Stick to what you know; say

Tintchell case: blows of police on head — ~~blood coagulates, how long~~ ~~the death~~ how would a blow sprinkle a garment, — & what appearance would carrying a bloody body produce on clothes, &c

Common Sense

Avoid technical terms in Oral testimony yet more carefully than in written report. Avoid everything that is ambiguous. For example, — a witness once said in Court, that on examining the plaintiff, he found him sufferers from a severe contusion of the integuments under the left orbit, with great extravasation of blood and ecchymosis

in the surrounding cellular
tissue, which was in a terrified state; also,
considerable abrasion of the cuticle."
Said the Judge: "You mean, I suppose,
that he had a bad black eye?" "Yes"
"Then why did you say so at once?"
[illegible] Lecture 2nd Dec. 1872.
our next subject is that of inquiry concerning
the Cause of Death, especially
sudden death. Possible modes of sudden death
are failure of the heart:
1. Syncope — by heart:
Hemorrhage — Disease of heart — wound of heart —
Tobacco poisoning —
2. Asphyxia (Apnoea) by lungs
Drowning, strangulation, suffocation, chloroform &c.
3. Coma — by brain; apoplexy,
Opium, Camphor, Cannabis, alcohol, &c — fracture of skull,
Nature of each; [illegible] special post mortem
appearances. Complication of them in some cases. —
Prussic acid — death by asthenia.

8) Ascertainment of the actual fact of death. = Signs & proofs of death.

1. Cessation of breathing & circulation.

2. Cooling of the body.

3. Cadaveric rigidity ~ Rigor mortis.

4. Putrefaction.

(next, Poisoning :- Criminal Considerations).

Post mortem appearances different in these, but often complicated.

Appearances of heart in Syne., apn., Coma, are noticeable

In Syncope, both cavities ordinarily full, & blood in large veins & arteries near the heart. Heart not emptying itself. —

In Apnea (asphyxia) right aur. & ventr., pulm. art. & ven. cav. gorged, — pulm. veins & left cav. -ities empty or nearly so, (Blood-movement stopped) In Sudden apnea, forced obstructive lungs flow of blood arrested in lungs — & both right & left hearts nearly or quite empty. — "Syncopal asphyxia"

Dr Guy regards some poisons as acting fatally on lungs. This seems to me not to have been fully proved.

In Coma — accum. on right side of heart — as in apnea — because apnea is the immed. cause of death. Mutual dependency of heart, brain & lungs.

After breathing has ceased, heart may go on to act for two or three minutes. Continued Heart arrest is death.

Apoplexy — hydrocephalus — narcotism — compress. of brain by fracture of skull — all Coma.

Brain appearances occur pecul. to each of these — make part of the study of pathological anatomy.

Hydrogen is u[illegible]
in deep mines [illegible]
~~the~~ exclusion [illegible]
of bad air.

→ Signs & proofs of death ←

1. The heart is ultimum moriens. But (?)
visibly & more tangibly, breathing stops first.
Never more than 5 minutes heart beats after
arrest, of breathing in a human being. [See one reported exception]

Dr Taylor says "it is impossible to admit that the heart can remain for even half an hour in a state of inaction in a human being, and then spontaneously recover its activity".
Dr Gray & others allude to Col. Townsend's case — Dr Taylor does not mention it —
Dr. Carpenter does in his Physiology —
Cheyne its authority — (give substance of it)
Dr Eroux; — & Chas. H. —
"Fakirs" of India — Journ of Psych. Med,
1869 — !! | "Trance" case last year (i.e. 69-70) in N. Eng
Carpenter half admits them !
young girl a week seemingly dead yet warm & natural looking & without putrefaction beginning.
Some error of observation & inference: —
experience is too positive. — Always disbelieve such statements — if you see the things, be sure that you don't see all & understand them.
Balance of probabilities — (Jugglers &c) —

frequently happens that the calibre is not more than one-half occluded, while the holder innocently supposes that he is pressing with the same amount of force as at the beginning, owing to benumbed sensation.

The following gentlemen kindly assisted in the cure of this case: Drs. Curtin, Buck, Treacy, Brunet, Evans, Gleason, Caldwell, Kerr, Skilling, Witmer, and Parks, and Messrs. Klapp, Walsh, G. C. Smith, Almeida, and Murray.

113 South Sixteenth Street.

REMARKABLE PERSISTENCE OF CARDIAC ACTION AFTER CESSATION OF RESPIRATION.

BY R. STEWART, M.D.

THE verdict recently rendered by a jury at Dover, Delaware, that a child had an independent existence although it did not breathe, leads me to publish the following remarkable case. Shortly after its occurrence, I gave a detailed account of it before the Sydenham Medical Coterie of this city, and since then it has been referred to by Dr. Seyfert, in his article on "Living Issue," in the *Medical Times* of July 3, No. 192, vol. v.

On July 4, 1872, about five o'clock P.M., I was called to visit a gentleman nearly 72 years of age, who prior to that time had enjoyed ordinarily good health. During the forenoon he had walked to the Park and back, a distance of some ten or twelve squares, and when he reached home he complained of great fatigue, heat, and some pain in the head. Of his own accord he took the contents of a bottle of citrate of magnesia. After prescribing for him, I left; but before eight o'clock I was again summoned, and upon reaching the house, a few minutes afterwards, I was informed that the old gentleman had just expired. He had arisen to make use of the commode, and was found upon the floor, being unable to reach his bed again. After being placed in bed there was an involuntary action of his bowels, after which he gradually became insensible, and ceased breathing just as I entered the room. I found the jaw fallen, eyes fixed, body cool, and the head hot. After looking at him for a moment, I said, "Yes, he is dead." On applying my ear to the chest I distinctly heard the heart beating slowly, at the rate of about twenty-seven to the minute. I at once attempted artificial respiration by alternately raising the arms and pressing the sides of the chest together, and I blew air and ammonia-vapor into his lungs. I was surprised to find that under this treatment the heart-beats became more frequent and forcible, while a general rigidity was becoming very apparent. After a short time had elapsed, I placed a small mirror over his mouth, and, although I held it there for some time, making careful and repeated examinations of its surface, I could find nothing to indicate that he breathed.

At this time I was called away to another patient, and did not return until ten o'clock, when, upon making another examination of the chest, I readily detected the pulsations of the heart. By making

pressure upon the thoracic walls, squeezing the ribs together, and then allowing them to relax, the pulsations were again increased in rapidity and force. I then inflated the lungs by closing the nostrils and blowing into the mouth, raising the arms above the head, and expelling the air by pressure on the chest, etc. By a constant repetition of these efforts I at last increased the force of the heart to such an extent that a radial pulse became perceptible. To this fact I called the attention of those who were present. The head was still warm, but the body had grown colder and more rigid, and on this account it was becoming more difficult for me to continue my exertions. I went away at 11.45, and returning between one and two o'clock A.M., I found the heart still slowly beating. I endeavored to press the ribs together, but the rigidity was so great that I found it an exceedingly difficult task. I struck the chest quite forcibly over the region of the heart, and indented or pressed the ribs quickly downwards, which again increased the heart's action, but less than it did before. The jaws were now fixed, tongue stiff, and the arms stiffly extended by his sides. Getting upon the bed, I found that by placing my hands under his head I could raise the entire body without any signs of flexion, and I repeated this act several times. By thumping and pressing upon the chest, I kept the heart in quite regular motion until nearly four o'clock, when I went away.

On returning, between five and six o'clock A.M., I could hear a slight throb, but very slow, and could not increase it. I then left, and when I returned a little after eight o'clock, there were signs of decomposition, by appearance, odor, and lessening rigidity. He was evidently dead *now;* but was he dead before?

After twelve o'clock the heart was made to beat more rapidly by external manipulation only, and not by any vapor forced into the lungs. In fact, from the first, pressure upon the chest at once increased the heart's action. It may be suggested that I was observing the rhythmical movements of the muscles of the chest; but such movements could scarcely be regularly and constantly increased without a *visible* motion, and yet give an audible throb like that of the heart; and much less could such an action produce a *radial pulse.* Furthermore, if muscular excitation is admitted as being probable, why should we exclude the heart, which is one of the most irritable muscles of the body? If he was alive, then cadaveric rigidity may take place before death. If he was not alive, then this is a remarkable instance of retained irritability of the heart after death. Is not respiration the fundamental requisite of independent life? Is it not the first indication of independent existence? If this man breathed, he was alive; if not, we declare him dead, whether the heart was irritated into action or not.

A very charitable explanation may be given by assuming that I was mistaken in my observations. To this I reply that I know I was not. This was not a momentary condition, but one lasting long enough for a calm and most careful examination. If a similar case is not on record, it does not follow that none such have occurred, as only circumstances lead to the publication of this. But it may be that

Beginning of 4th Lecture, 1870.

2. Cooling of the body — (normal temp. & variations in disease — & after death — 98.5 up & down.
Typhoid (Taylor) 113° — Cholera 70° —
15 to 20 hours — diff. under diff exposure & season — (chem. changes make heat —)

After sudden death while in vigor, slower cooling — higher of death —

Cholera Dr B. Dowler of N.O.) Sunstroke — 112° Dr H. C. Wood

3. Rigor mortis — stiffening of the muscles after death.

It happens, during cooling. —

In death, at once, all is relaxed — jaw — eyelids — &c but contractile under electric current — or other stimulus —

Then, rigid: — (what is this rigidity? ? — —)

Lastly, flaccid; after which, decomposition; — (then, not contractile under electrical excitation.)

Rigidity extends to musc. of organic life: — heart — sometimes misleading in autopsies; — "concentr. hypertrophy"!

Strychnia hurries & shortens cadav. rigidity. So does lightning stroke. — In all exhausted states, rigidity early & short. In vigorous, late & long.

In 5 to 6 hours usually — & gradually passing off.

1. Lead Colic & Lead
2. Phosphur necrosis; - la
3. Dust gets in lungs, & c
4. Foul air breathed can
5. Want of air & light

The last work
Μετ' ἀγῶνα στέφα

4. ~~Putrefaction~~ —

what it is —

how it is shown — odor (cadaveric) — discoloration — especially near bloodvessels — 1st abdomen, then breasts, face, neck, legs, & last, arms. (Scorbutic purpura of the war.)

Gases given out — in interior & even under skin — blood sometimes escaping from wounds, after death. (old "ordeal!")

2nd or 3d day in warm weather — 5th or 6th in cold — Differing with mode of death — slowest in vigorous — quickest in gradual death, unless much wasted away, — (Adipocere)

But the other 3 signs, with care, ought to verify death in all cases, without waiting for putrefaction.

Suppose a case: — &c breath (candle, mirror) heart beat — rigidity — loss of elasticity

IX.

1. The commonly accepted
marriage, the connec
+ per se, is followed by bad
2. Others have thought, the a
traits to be the only cause
in the early ages of ma
marriges of relatives w
no ill effects: and
case in after times, a
monarchs of Egypt & Per
marry & their children
deformed + have any gr
But it is probable
in the marriage itse
Because animals do
closely, nor a plant fe
Therefore mar
tives should be
& is dangerous, whichever

X

1871 — We may add here incidentally, certain asserted ~~New~~ signs of death:

1. Inaction of pupil when (calabar bean) ~~tinct.~~ of physostigma or atropia dropped into eye.

[not certain; may react in a dead eye 1875]

2. Non-oxidation & not rusting of bright needle thrust into flesh.

Asserted, not yet fully tested & confirmed.

1873 — Tying a string tightly around a finger; if living, it swells.

1874 — Injecting ammonia, strong sol., under skin; if alive, reddens at least, ~~or~~ or vesicates; if dead, almost no effect of any kind. (Mustard in cholera collapse)

Death of Muscle and Apparent Death.

Dr. M. Rosenthal (*Stricker's Medizinische Jahrbücher*, Part iv. 1872) has examined a considerable number of dead bodies by electro-puncture and otherwise, in order to determine the period of disappearance of the muscular contractility after death. As might be expected, the muscles do not lose their contractility immediately on the cessation of respiration, but retain it, according to the present author, from $1\frac{1}{2}$ to 3 hours. He found that the irritability of the nerves disappears much before that of the muscles, that is to say, direct stimulation of the muscles produces contraction long after irritation of the nerves has ceased to do so. It is remarked that among the muscles, the sphincter palpebrarum retains its contractility longest. The author confirms these views by experiments on animals. He produced muscular rigidity artificially by stopping the circulation in the legs; and found that muscular contractility was gone after about two hours. The contractility was gradually recovered when the circulation was allowed to resume its course. The various means of determining the occurrence of death are discussed by the author, and he comes to the conclusion that in doubtful cases, the surest means is by testing the muscular irritability by means of electric stimulation. He details a very interesting case of hysterical "apparent death," in which preparations were being made for the funeral, and these would probably have been completed, but for the strongly expressed opinion of the author. A young woman, after violent emotional disturbance, fell into an unconscious state, and was supposed to be dead; this opinion being concurred in by the medical attendant. The author saw her 30 hours after she had fallen into this state, and found the body cold, motionless, pulseless; when the arms were raised they fell heavily like those of a dead body. A very faint and doubtful sound was heard in the cardiac region, but no movement of the chest or respiratory murmur could be detected. A slight movement of the abdomen however was observed. The author found that the muscles reacted to Faradization, and as this was now 30 hours after the supposed occurrence of death, he gave it strongly as his opinion that death was only apparent. He recommended the application of friction, heat, etc., and the administration of coffee. He learned afterwards that the patient spontaneously awoke from her state of lethargy in about 44 hours. She stated after-

…, therefore, we observe that the tendons of the first series lose their pow… of extending the joint in ankylosis of the patella with the femur, in complete rupture of the tendon above and below the patella, and in transverse fracture of that bone. The tendons of the second series, inasmuch as they are only inserted into the lateral borders of the patella, are powerless to extend the joint in ankylosis of the patella, and in rupture of the tendon below that bone. They are, however, to a certain extent, efficient in rupture of the tendon above the patella, as well as in transverse fracture of the bone. The tendons of the third series can however, even in ankylosed patella, as well as in fracture or rupture of the tendon either above or below the bone, exert a certain influence in extension of the joint. It is to these chiefly that the orthopædist has to direct his attention after extending contraction of the knee-joint, with simultaneous ankylosis of the patella. Although their action is slight at first, yet through use the patient is at last enabled to extend the joint, notwithstanding the ankylosis of the patella. The combined action of the tensor fasciæ and gluteus maximus, along with that of the fibres of both vasti, which give off tendons to be attached to the tibia, is certainly able to some extent, though not completely, to replace that of the proper extensor of the joint.—*London Medical Record*, Dec. 3, 1873.

Double Spleen and Kidneys.

Surgeon-Major G. W. Jameson contributes to the *Indian Medical Gazette*, Jan. 1, 1874, the following extract from the notes of a *post-mortem* examination performed on the body of Bickhoo, resident of city of Ghazepoor, on the 28th of October, 1873.

In addition to one healthy, well-developed spleen, there was a *second* smaller one, connected with the abdominal vessels by separate communications of its own, and situated between the ordinary spleen and the liver. The smaller was of a roundish shape, and had a distinct hilus.

Weight of 1st spleen	. . .	9 oz.	1 dr. 6 gr.
" 2d "	. . .	1 oz.	1 dr. 30 gr.

Besides the above abnormality, there were four kidneys; two of these were

wards that she had no recollection of the onset of the attack, but that, later on, she was conscious, and heard and understood what was going on, but was unable to speak or move. The condition here is compared with that of nightmare, in which in spite of some supposed impending calamity, no power of speech or motion is felt to be possessed. The author claims that in this case the use of Faradization was the means of preventing premature burial.—*Glasgow Med. Journ.*, Jan. 1874.

to that of Dr. Russell Reynolds, Dr. Radcliffe, Dr. Hughlings Jackson, Dr. Ringer, Dr. Clouston, and himself. He might have added, among Germans, the strongly expressed opinion of the late illustrious Niemeyer in the chapter on epilepsy in the eighth edition of his work on medicine. All these authorities assign to the bromide a controlling action over epilepsy, and some extend their belief in its efficacy to other forms of convulsions, as well as in insomnia and restlessness. With regard to insomnia, Dr. Anstie, while admitting

PROFESSIONAL SECRETS.

THE Linton case has as yet made no progress, having been laid over at the last session of the court. Recently a similar case has been brought to our notice. A physician was called to an abortion, occurring, presumably, as the result of interference, in the person of a young unmarried lady, of position in society. On account of the gravity of the matter, he consulted a prominent lawyer, whose written opinion lies before us. According to this, "any word or act done with intent to prevent the discovery of the offence would render the physician liable to indictment for misprision; but the mere knowledge, professionally acquired, that such crime had been committed, and failure to discover it, would not be misprision, unless, indeed, the felony was perpetrated in his presence, in which case the law would require him to give notice as expeditiously as possible to a magistrate, and failure to do so would be misprision. 1 Hale, 374; 1 Hawk., P. C., c. 59; 4 Blk. Com. 121."

An incident published in *Le Progrès Médical* of January 8 illustrates very forcibly the workings of the French law. A Dr. Berrut offered for registration a birth, but refused to tell who the father and mother were, or at what house the confinement had occurred. The registration was refused, and the matter finally taken before the higher courts,—where it was decided that if Dr. Berrut had obtained the knowledge in the practice of his profession he could not be forced to reveal it. It was therefore ordered that the infant be registered as Louise Armande, born in the seventh arrondissement, parents unknown.

as been extensive in connection with Prof. Thomas's clinic and the gynæcological department of the Demilt Dispensary, as well as in private practice.

The latter part of it was devoted to hemorrhages incident to the puerperal state.

Retained placenta. He recommends the bi-manual operation for the removal of the placenta, and has also found the hypodermic use of ergot of great service. Where there is much exhaustion, he is in the habit of injecting forty minims of brandy with twenty minims of the fluid extract of ergot, and almost invariably with the best results.

Placenta prævia. In this condition we are first to endeavor to cause the active contraction of the uterus, the fœtus serving as a tampon in the os; and, failing in this, we must dilate the os, and deliver as rapidly as possible.

Post-partum hemorrhage from inertia. Here his great reliance is the hypodermic injection of ergot, and compression over the uterus with the hand, which should be kept up by the nurse or other attendants in some cases for twelve or even twenty-four hours.

The paper was afterwards discussed by Professors Peaslee and Barker. The former spoke first of the relation of retroflexion and endometritis, and gave it as his positive opinion that the latter was never a cause of this or any other displacement, and that when they were both found present in any case, this was simply a coincidence. In order that retroflexion may be caused by the increased weight of the uterus, it is necessary that the parenchyma of the organ, and not merely the endometrium, should be affected by chronic congestion or repeated attacks of inflammation. Another point in pathology on which he differed from the author of the paper was in regard to the term "granular erosion." There was really no erosion, and certainly no ulceration, he said, but simply a granular appearance due to the hypertrophied condition of the normal papillæ of the os. When these become denuded of their epithelium, it makes them present the gross appearances of erosion and ulceration. His treatment of this condition is to cut down these so-called granulations with the curette and apply raw cotton to the surface. This hypertrophy of the external papillæ is almost universally met with in women who have borne children, but that of the papillæ just within the os, as a rule, is seen only in the female who has never been pregnant. Dr. Peaslee regards scarification

tions of fifteen thousand and ten thousand dollars respectively.

Assuredly, then, the party of progress, as did Saint Paul at the Three Taverns, may thank God and take courage.

No. 208 South Fifth St., Philadelphia,
April 1, 1876.

DEAR SIR,—I enclose an opinion upon the question of the extent of punishment of one who knows of but neglects to disclose the crime of abortion. I regret that the matter has been so long delayed, and remain

Very sincerely yours,
A. Sydney Biddle.*

It was at one time held that to cause an abortion was murder, but the law was afterwards modified so as to regard it as a high misprision or misdemeanor only, not murder (4 Black., 198; 1 Hawk. P. C., 94); and it was, therefore, not technically a felony, which was a crime punishable by forfeiture of lands or goods, or both; but any doubt as to the exact position in the scale of crime was set at rest by legislation.

By the act of March 31, 1860, procuring or attempting to procure an abortion is made a felony. (Purd. Dig., 341, § 135.) The question is asked, What is the punishment, if any, for not disclosing the knowledge of an abortion having been performed? The offence seems to come within the definition of a *misprision of felony;* which is "a criminal neglect either to prevent a felony from being committed by another, or to bring to justice a person known to be guilty of felony." (Bish. on Cr. Law, § 507, vol. i.; 1 Russ. on Crimes, 45.) The penal code of 1860 prescribed no punishment for such an offence, although it prescribed generally for the punishment of accessories before and after the fact, a degree of guilt greater than a misprision, and less than that of a principal; but by § 178 (Purd. 371, § 298) it is provided that "Every felony, misdemeanor, or offence whatever, not specially provided for by this act, may and shall

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* Mr. Biddle may not be known to some of our country readers as one of the most distinguished of the younger members of the Philadelphia Bar.

kindly been sent to us by some person unknown. It is signed by Fairman Rogers, Chairman, and is certainly a very able document. In it it is stated that weekly meetings have been held throughout the entire winter, that conferences have been had with both the Hospital and the Medical Faculties, and that information has been assiduously sought in various other quarters.

It is not necessary to reiterate the reasons assigned by the Committee for the conclusion reached. Every reader of the *Times*, every thoughtful medical man in the country whose perceptive powers have not been affected by long habit or by self-interest, is fully aware of the degradation which the colleges are bringing upon the profession.

The main point is that the opinion is openly and unanimously expressed by a very large committee of the Board of Trustees, that the University is bound in honor to the State, which has put the lives of its citizens in its hands, to change its curriculum, and that "the Committee believes that even if we were unwilling to make such changes, we should be forced into doing so by the action of other medical schools, unless we are content to see the University school take the second rank in a career in which it has always held the first place."

The Committee believes that the medical department should be ultimately reorganized upon the following basis:

"The time of instruction should be extended to three years; the diploma being granted after examination at the end of the third year.

"The annual course of instruction should be extended.

"The instruction should be graded substantially as follows:

"IN THE FIRST YEAR.

"Anatomy: with constant dissection.
"Physiology.
"Inorganic Chemistry.
"Materia Medica.
"Pathology.
"Histology.

be punished as heretofore." It has been held that this clause was intended to leave all other crimes and misdemeanors as they existed before the act. (Comm. *v.* Mohn, 2 P. F. S. 243.)

No other statute provision seems to exist in regard to this offence, so that it must remain now as a common-law offence, and punishable as such.

At common law "misprision of felony is taken for a concealment of felony, or a procuring of the concealment thereof, whether it be felony by the common law or by statute." "For this offence every person is punishable by fine and imprisonment at common law." (1 Hawk. P. C., 73, §§ 2 and 3; 1 Hale, P. C., 374.)

By the statute of 3 Edw. I. c. 9, the punishment for this offence in the case of sheriffs or bailiffs is prescribed, but none provided for in the case of common persons.

I have been unable to find a case in Pennsylvania upon the subject, but it seems clear that the offence still exists here as at common law, and as such is punishable as at common law by fine and imprisonment, at the discretion of the court. But this discretion would seem to be modified by our statutes. Blackstone says, iv. *121, "The punishment of this in a public officer, by the stat. Westm. I. 3 Edw. I. c. 9, is imprisonment for a year and a day, in a common person imprisonment for a less discretionary time, and in both fine and ransom, at the king's pleasure;" and Coke, in the 3d Inst. 140, says that "the concealment of felonies in sheriffs or bailiffs of liberties is more severely punished than in others, *viz.*, by imprisonment for one year, and ransom at the will of the king."

It seems, therefore, that if the punishment in the case of an officer is limited to a year and a discretionary fine, it would not be greater for a private person in England.

That part of the 3 Edw. I. c. 9, however, is not in force in this State. (Robert's Dig., § xx.)

Where death of the woman ensues from the procuring of an abortion, the punishment here is imprisonment not exceeding seven years, and a fine not exceeding five hundred dollars; and where death does not ensue, the punishment is imprisonment not exceeding three years, and fine not exceeding five hundred dollars. It would therefore seem that the punishment for the knowing of and concealing the offence of abortion is discretionary with the court to anything less than the full

Dr. Billington's treatment consists mainly in local disinfection, together with the most careful and unremitting watching and attention. The agents which he regards as most useful are the following, in the order in which they stand in his estimation: tincture of the chloride of iron, lime-water, and glycerin; and after them, salicylic and carbolic acids, sulphite of sodium, chlorate of potassium, etc. One formula which he uses in almost every case is as follows:

℞ Tinct. ferri chlor., f℥iss;
Glycerinæ,
Aquæ, āā f℥j.—M.
S. Teaspoonful every hour or half-hour.

Besides being very effective, it has the merit of being pleasant to the taste, which is a great desideratum for children, especially when the dose has to be so frequently repeated. If the child is under two years, one drachm of the tincture of the chloride of iron is enough, and if vomiting follows the administration of the medicine, it should not be given so often.

In connection with the above, Dr. Billington formerly employed the following:

℞ Potass. chlor., ℥iss;
Glycerinæ, f℥ss;
Liq. calcis, f℥iiss.—M.

A teaspoonful of this was alternated with a dose of the former; so that the patient would receive one or the other every half-hour. As a substitute for the chlorate of potassium mixture, he now generally uses the following:

℞ Acid. salicylic., gr. x—xv;
Sodii sulphit., gr. xxx—xlv;
Glycerinæ, f℥ss;
Aquæ, f℥iiss.—M.

Here the salicylic acid is rendered soluble by the addition of three times its weight of sulphite of sodium (borax also has the same effect), so that in this prescription we have the advantages of both these reputed antiseptics, which are indicated theoretically, and really seem to be of considerable practical benefit. It is of great importance that in every case in which it is practicable some sort of spray should be used upon the throat; and the most convenient instrument with which to accomplish this is the ordinary little perfumery spray-apparatus now in such general use. In order to annoy the child as little as possible, it is best to employ the spray immediately after a dose of the medicine is administered. The combination generally used by Dr. Billington is the following:

℞ Acid. carbolic., ♏ x;
Liq. calcis, f℥iv.—M.

He believes that the nasal douche or syringe has saved many lives; and even when the nasal passages, apparently, do not seem affected, it is often useful in reaching portions of the mucous membrane inaccessible to the spray. If, therefore, the breath should remain fetid after the employment of the latter, it

The Post-mortem Appearances of the Stomach in Arsenical Poisoning.

Dr. Robert Harvey, Surgeon in the Bengal Army, publishes in the *Indian Medical Gazette* an analysis of a large number of cases of poisoning by arsenic which occurred among the native population in India during the years 1870, 1871, and 1872, in which he gives some valuable information respecting the appearances presented by the mucous membrane of the stomach in different cases. He states that in the fatal cases the chief morbid appearances were, as usual, found in the stomach and bowels. In 150 out of 197 cases the stomach is noted as inflamed or greatly congested; in six it was slightly congested; and in thirty-six the Civil Surgeons who made the reports gave no particulars, or merely stated that the "usual appearances" were found. The degree of inflammation observed varied from a slight blush of redness to a deep ecchymosis covering the whole surface of the mucous membrane, and giving it an appearance resembling red velvet or port wine. In a large number of cases the inflammation was more limited, sometimes being confined to three or four spots, most commonly situated about the cardiac end, but in several cases near the pylorus, with or without radiating streaks of congestion following the lines of the rings. In one case the stomach was almost gangrenous, and in another the pylorus was thickened and gangrenous. According to the best authorities this last-named result is a very rare occurrence in arsenical poisoning. In ten cases the inflammation led to ulceration. This probably only takes place when a large quantity of the poison is taken on an empty stomach. Yellowness of the mucous membrane—the result of partial conversion of the arsenic into sulphide or of an admixture of bile—was frequently observed, and in several instances the stomach looked as if coated thickly with yellow paint. A green colour not unfrequently replaced the yellow. This was, doubtless, due to altered bile. In other cases the contents of the stomach were of a dark grumous or chocolate colour from extravasated and altered blood. It must, however, be remembered, says Dr. Harvey, that there is a class of cases, rare indeed, but sufficiently attested, where the arsenic exercises its powers primarily and exclusively on the nervous system, the patient dying, often rapidly, in a state of profound collapse or coma, and in which no local lesions whatever are found in the stomach or bowels. A non-congested stomach does not contraindicate arsenical poisoning. This point is of great importance, and should never be lost sight of, lest the true cause of death be overlooked. Chemical analysis will generally set the matter at rest, and should be resorted to in all cases of suspected arsenical poisoning when no local lesions are apparent, unless some other cause of death is plainly made out. In one case recorded in the returns under notice the only abnormal appearance was slight congestion of the brain and lungs. In another the mucous coat of the stomach exhibited no trace of inflammation, although arsenic was found in its contents on chemical analysis. In another the whole of the intestinal tract was healthy; and "nothing suspicious" was observed in another, although on analysis the stomach was found to contain arsenic.—*Med. Times and Gaz.*, May 27, 1876.

Medicine.

Surgery.

Midwifery and Gynæcology.

Medical Jurisprudence and Toxicology.

Experts especially needed
for prolonged inquiry
Concerning alleged insanity
of criminal agents.

This has been long the
law in France — earlier than elsewhere.

The presumption ought to be, of sanity — accountability: things would be easier to manage if not capital punishment.

Plea of insanity (valid enough in some cases) now much abused, especially in this country.

(Expand) — Miss Harris at Washington
MacFarland case in New York — & others — !

Confinement for life (as in England) should be the uniform rule, when acquitted of murder on plea of insanity. But I will return to the topic of punishment hereafter.